# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

1	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
	00087889	,	27			Date Received	OOL ONL!
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	ALLY FILED
	OFFICEHOLDER NAME		Carlos			04/10/2025	
	IVAIVIL	NICKNAME	LAST		SUFFIX		
			Lopez			Date Hand-delivered	or Data Poetmarkod
4	ORIGINAL	January 15	Runoff	Other (s	specify)	Date Hand-delivered	or Date Postmarkeu
	REPORT TYPE	July 15	Exceeded modified	I reporting limit		Receipt #	Amount
		30th day before electio	n 15th day after cam			_	
		8th day before election	appointment (office	• • •		Date Processed	
5	ORIGINAL PERIOD		ear	Month Day	Year	Data lava and	
•	COVERED	01/26/2024	THROUGH	02/24/2024	Tour	Date Imaged	
6	EXPLANATION OF C			02/2 //202 :			
•		nis report should be the fir	nal report and to close o	ut my duties as a treas	surer for this po	olitical campaign.	
	Ü	·	•	,	·	, 3	
7	AFFIDAVIT		Lsw	vear or affirm under n	enalty of neriu	ry that this correcte	d report is true
7	AFFIDAVIT			rear, or affirm, under p	enalty of perjui	ry, that this correcte	d report is true
7	AFFIDAVIT		and	correct.	, , ,		d report is true
7	AFFIDAVIT		and		, , ,		d report is true
7	AFFIDAVIT		and	correct.  eck the box next to any  Semiannual report	and all applicas:	able statements:	inal report
7	AFFIDAVIT		and	correct.  eck the box next to any  Semiannual report  was made in good for	and all applica s: I swear, o aith and withou	able statements: or affirm that the orig t an intent to mislea	inal report
7	AFFIDAVIT		and	correct.  eck the box next to any  Semiannual report	and all applica s: I swear, o aith and withou	able statements: or affirm that the orig t an intent to mislea	inal report
7	AFFIDAVIT		and Che	Semiannual report was made in good fi misrepresent the inf  Other reports:	and all applica s: I swear, o aith and withou ormation conta	able statements:  or affirm that the origit an intent to misleatined in the report.  or, that I am filing this	ginal report ad or to s corrected
7	AFFIDAVIT		and	Semiannual report was made in good fi misrepresent the inf  Other reports: Is report not later than	and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busin	able statements:  or affirm that the original to misleation and intent to misleatined in the report.  or, that I am filing this ess day after the day	ginal report ad or to s corrected ate I learned
7	AFFIDAVIT		and Che	Semiannual report was made in good fi misrepresent the inf  Other reports: I report not later than that the report as or	and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busin iginally filed is i	able statements:  or affirm that the original to misleation and intent to misleatined in the report.  or, that I am filling this ess day after the dainaccurate or incom	ginal report ad or to s corrected ate I learned plete. I
7	AFFIDAVIT		and Che	Semiannual report was made in good fi misrepresent the inf  Other reports: Is report not later than	and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busin iginally filed is i t any error or o	able statements:  or affirm that the original to misleation and intent to misleatined in the report.  or, that I am filling this ess day after the dainaccurate or incom	ginal report ad or to s corrected ate I learned plete. I
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7	AFFIDAVIT		and Che	Semiannual report was made in good fi misrepresent the inf  Other reports: report not later than that the report as or swear, or affirm, tha	y and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busin iginally filed is i t any error or o ood faith.	able statements: or affirm that the original tan intent to misleatined in the report. on, that I am filing this ess day after the dainaccurate or incommission in the report	ginal report ad or to s corrected ate I learned plete. I
7	AFFIDAVIT		and Che	Semiannual report was made in good fi misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	y and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busin iginally filed is i t any error or o ood faith.  Carlos L	able statements: or affirm that the original tan intent to misleatined in the report. or, that I am filing this ess day after the dain accurate or incompanission in the reportant.	ginal report ad or to s corrected ate I learned plete. I
7			and Che	Semiannual report was made in good fi misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	y and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busin iginally filed is i t any error or o ood faith.  Carlos L	able statements: or affirm that the original tan intent to misleatined in the report. on, that I am filing this ess day after the dainaccurate or incommission in the report	ginal report ad or to s corrected ate I learned plete. I
7		AMP / SEAL ABOVE	and Che	Semiannual report was made in good fi misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	y and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busin iginally filed is i t any error or o ood faith.  Carlos L	able statements: or affirm that the original tan intent to misleatined in the report. or, that I am filing this ess day after the dain accurate or incompanission in the reportant.	ginal report ad or to s corrected ate I learned plete. I
7	AFFIX NOTARY ST		and Che	Semiannual report was made in good for misrepresent the inf  Other reports: 1 report not later than that the report as or swear, or affirm, that filed was made in good Signatu	y and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busin iginally filed is i t any error or o ood faith.  Carlos L  ure of Candidat	able statements: or affirm that the original tan intent to misleatined in the report. on, that I am filing this ess day after the dainaccurate or incommission in the reportant properate or officeholder	ginal report ad or to  s corrected ate I learned plete. I rt as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the s	and Che □ X	Semiannual report was made in good for misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, that filed was made in good Signatu	y and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busin iginally filed is i t any error or o ood faith.  Carlos L  ure of Candidat, this	able statements: or affirm that the original tan intent to misleatined in the report. on, that I am filing this ess day after the dainaccurate or incommission in the reportant properate or officeholder	ginal report ad or to  s corrected ate I learned plete. I rt as originally
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Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 27 00087889 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Carlos NAME Date Received **ELECTRONICALLY FILED** 04/10/2025 NICKNAME LAST **SUFFIX** Lopez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 941 Timberwood Ln MAILING Amount Receipt # **ADDRESS** X Change of Address UVALDE, TX 78801 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Adrianna T. NAME NICKNAME LAST **SUFFIX** Granados STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 305 Studer Circle **ADDRESS** (Residence or Business) Uvalde, TX 78801

**EXTENSION** 

**THROUGH** 

χ Primary

General

Runoff

Exceeded modified

Month

**ELECTION TYPE** 

Runoff

Special

reporting limit

Χ

Year

Other

Day

02/24/2024

12 OFFICE SOUGHT (if known)

State Representative District 80

30th day before election

8th day before election

**CAMPAIGN** 

**PHONE** 

REPORT TYPE

**PERIOD** 

10 ELECTION

11 OFFICE

**COVERED** 

**TREASURER** 

AREA CODE

(830) 275-2785

January 15

Day

Day

03/05/2024

OFFICE HELD (if any)

County Party Chair

**ELECTION DATE** 

01/26/2024

Year

Year

July 15

Month

Month

PHONE NUMBER

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

3 of 27

13 C / OH NAME	Lopez, Carlos			14 Filer ID 00087889	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus s may have been made without required to report this information	the candidate's or offic	eholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ИE			
<del>_</del>	GENERAL					
	_	COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
					_	
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		, \$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	<b>ONS</b> , OR GUARANTEES OF LOANS	5)	\$	2,723.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURE	ES		\$	2,714.94
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	823.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
				Carlos Lopez		
				Candidate or Officeho	older	
AFFIX NOT	TARY STAMP / SEAL ABO	OVE				
Sworn to and subsc	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	ertify which, witness	my hand and seal of office.			
Signature of offic	eer administering	Printed name	of officer administering	Title of office	er administer	ing oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

				4 of 27				
	18 FILER NAME       19 Filer ID         Lopez, Carlos       00087889							
20 SCHEDULE NAME OF S	SUBTOTAL AM	DUNT						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,723.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	2,714.94				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	The Instruction Guide explains how to complete this form.				
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
	Lopez, Carlo	os			00087889	
4	4 Date 02/05/2024  5 Full name of contributor out-of-state PAC (ID#: Alvarado, Albert  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$50.00
		Carrizo Springs, TX 78834				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	02/19/2024	Berman, Betsy				\$3.00
		Contributor address; City; State; Zip Code				
		Alanta, GA 30306				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)		
	02/01/2024	Z2024 Davis, Elijah  Contributor address; City; State; Zip Code				\$10.00
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/19/2024	Full name of contributor out-of-state PAC (ID#: Duterroil, Jerry			Amount of Contribution (\$)	\$20.00
0=/=0/=0=		Contributor address; City; State; Zip Code				
		San Antonio, TX 78258				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/19/2024	Garcia, Domingo				\$1,000.00
		Contributor address; City; State; Zip Code				
	Dalmataat	Dallas, TX 75208	Franks, com/Occallation	<u></u>		
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 2/3 Rpt: 6/27			
2	FILER NAME Lopez, Carlo	os		3	Filer ID (Ethics Commission 00087889	on Filers)		
4	Date 02/14/2024				Amount of Contribution (\$)	\$10.00		
_		San Antonio, TX 78248						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)				
	Date Full name of contributor out-of-state PAC (ID#:) 01/27/2024 Nall, Barry  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00		
	Principal occu	Comfort, TX 78013 pation / Job title (See Instructions)	Employer (See Instructions	)				
	· ····o.pa. oooa	pation, cos tato (coo monastrono)		,				
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00			
		San Antonio , TX 78253						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:_ Ruiz, Anthony Contributor address; City; State; Zip Code San Antonio, TX 78254			Amount of Contribution (\$)	\$20.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID#:_ Saunders, Nancy Contributor address; City; State; Zip Code  Dallas, TX 75229			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Retiree	pation / Job title (See Instructions)	Employer (See Instructions Self	)				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 3/3 Rpt: 7/27	
2	FILER NAME Lopez, Carlo			3	Filer ID (Ethics Commission Filers) 00087889
4	Date 02/09/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Young, Antonio</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$) \$500.00
		Plano , TX			
8	Principal occu	Ipation / Job title (See Instructions)	9 Employer (See Instructions	s)	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/19 Rpt: 8/27	Lopez, Carlos	00087889
4	Date	5 Payee name	·
	02/12/2024	BWR Laredo 127	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$92.92	9651 McPherson Rd	
		Laredo, TX	
8	PURPOSE		Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, in the state of	Check if Austin, TX, officeholder living expense
			Meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	'	
	Date	Payee name	
	02/21/2024	BWR Laredo 127	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.69	9651 McPherson Rd	
		Laredo, TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			Meal
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
_			
	Date	Payee name	
	02/21/2024	BWR Laredo 127	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.17	9651 McPherson Rd	
		Laredo, TX	
	PURPOSE OF	,	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Meal
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		222

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/19 Rpt: 9/27	Lopez, Carlos	00087889
4	Date	5 Payee name	<u> </u>
	02/21/2024	BWR Laredo 127	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$43.54	9651 McPherson Rd	
		Laredo, TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
	Date	Payee name	
	01/29/2024	Big's 302	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.33		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	02/06/2024	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.23	.,,,,,,,,	
		TX	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, taretasing Expense	Check if Austin, TX, officeholder living expense
			Social Media
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit C/OI		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/19 Rpt: 10/27	Lopez, Carlos 00087889
4	Date	5 Payee name
	02/08/2024	Charlotte Supply
6	Amount (\$) \$25.36	7 Payee address; City; State; Zip Code  TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Signage Hardware
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/06/2024	Circle K
	Amount (\$) \$40.72	Payee address; City; State; Zip Code  TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2024	Dilley Truck Stop
	Amount (\$) \$5.97	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Snack
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/19 Rpt: 11/27	Lopez, Carlos	00087889
4	Date	5 Payee name	·
	02/23/2024	Evett's BBQ	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.85		
		TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
	Date	Payee name	
	01/29/2024	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.00		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Social Media
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	01/29/2024	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.00	. ayoo aaa.ooo,	
		TX	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			Social Media
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/19 Rpt: 12/27	Lopez, Carlos 00087889
4	Date	5 Payee name
	01/30/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense  Social Media
		Social Media
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	01/30/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Social Media
		Social Wedia
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Power name
	01/30/2024	Payee name Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	Fayee address, City, State, Zip Code
	Ψ3.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Social Media
		Social Media
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card r dyme	SIIL	The Instruction Guide	e explains how to con	plete this form	۱.			
1 Total pages Scl	hedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commissio	n Filers)
Sch: 6/19 Rp	t: 13/27	Lopez, Carlos				00087889		
4 Date		5 Payee name						
01/31/2024		Facebook						
6 Amount (\$)		7 Payee address; City;	State; Zip Coo	le				
	\$5.00							
		TX						
8 PURPOSE		(a) Category (See Categories listed at the t	op of this schedule)	(b) Description	n			
OF EXPENDITUR	RE	Advertising Expense				de of Texas. Com		
				Social Me		officeholder living	expense	
				Ooolai iii	cuiu			
9 Complete ONL	Y if direct	Candidate/Officeholder name	Office sou	ht		Office he	ald	
expenditure to l			000 0008			000		
Date		Payee name						
01/31/2024		Facebook						
Amount (\$)		Payee address; City;	State; Zip Coo	le				
γιποαπί (ψ)	\$7.00	Tayee address, City,	State, Zip Cot					
	Ψ1.00							
		TX						
PURPOSE			1	(b) December				
OF		(a) Category (See Categories listed at the t Advertising Expense	op of this schedule)	(b) Description  Check if t		de of Texas. Com	plete Schedule T.	
EXPENDITUR	RE	Advertising Expense		Check if	Austin, TX,	officeholder living	expense	
				Social Me	edia			
Complete ONL' expenditure to b		Candidate/Officeholder name	Office soug	ht		Office he	eld	
Date		Payee name						
02/01/2024		Facebook						
Amount (\$)		Payee address; City;	State; Zip Cod	le				
	\$10.00							
		TX						
PURPOSE OF		(a) Category (See Categories listed at the t	op of this schedule)	(b) Description				
EXPENDITUR	RE	Advertising Expense		ш		de of Texas. Comp officeholder living		
				Social Me		officeriolaer living	схрензе	
Complete ONL	Y if direct	Candidate/Officeholder name	Office soug	ht		Office he	eld	
expenditure to I								

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 7/19 Rpt: 14/27	Lopez, Carlos		00087889	
4	Date	5 Payee name		•	
	02/02/2024	Facebook			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$15.00				
		TX			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Description	 1	
	OF EXPENDITURE	Advertising Expense	Check if t	ravel outside of Texas. Com	
	EXPENDITURE		_	Austin, TX, officeholder living	g expense
			Social Me	edia	
Ļ	0 1 0 0 1 1 1 1			0" 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	τ	Office he	eia
	·				
	Date	Payee name			
	02/05/2024	Facebook			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.26				
		TX			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	<b>)</b> Description		
	OF EXPENDITURE	Advertising Expense		ravel outside of Texas. Com Austin, TX, officeholder living	
			Social Me		y expense
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t	Office he	eld
	expenditure to benefit C/OI	1			
<b>=</b>	Date	Payee name			
	02/05/2024	Facebook			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$22.01	, , , , , , , , , , , , , , , , , , ,			
		TX			
$\vdash$	PURPOSE		) Description	n	
	OF	Advertising Expense		ravel outside of Texas. Com	plete Schedule T.
	EXPENDITURE	ravolusing Expense		Austin, TX, officeholder living	g expense
			Social Me	edia	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t	Office he	eld
	experience to beliefit 6/01	•			

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Gandidate/Officeholder/Political Committee Legal Services

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
L	Sch: 8/19 Rpt: 15/27	Lopez, Carlos	00087889
4	Date	5 Payee name	·
	02/05/2024	Facebook	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.00		
		TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Social Media
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	02/06/2024	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Social Media
			Coolai Wedia
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	02/07/2024	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.41		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			Social Media
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Silico Hola
H			
l			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	oriais Expense	Salaries/V	kpens Vages	e /Contract Labor		OTHER (ent		ory not listed above)	
					n Guide expl	ains how to co	mple	te this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	-	nics Commission Fi	lers)
	Sch: 9/19 Rpt: 16/27		Lopez, Carlo	os						0008788	9		
4	Date	5	Payee name										
	02/16/2024		Facebook										
6	Amount (\$) \$50.00	7	Payee addres	ss; City;	S	tate; Zip Co	de						
			TX										
8	PURPOSE	(0)					(h)	D					
0	OF	(a)	Category (Se Advertising I		d at the top of th	is schedule)	(D)	Description  Check if travel of	outsi	de of Texas. C	Complete S	Schedule T.	
	EXPENDITURE		Advertising	Lybelise				Check if Austin,					
								Social Media					
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offic	ceholder nam	е	Office sou	ght			Office	e held		
	Date	Г	Payee name										
	02/20/2024		Facebook										
	Amount (\$)	_	Payee addres	ss; City;		tate; Zip Co	do						
	\$75.00		Payee address	os, City,	3	itate, Zip Co	ue						
	Ψ13.00												
			T./										
			TX										
	PURPOSE OF	(a)	Category (Se		d at the top of th	is schedule)	(b)	Description		df.T (	l . t . (	Dala aduda #	
	EXPENDITURE		Advertising I	Expense				Check if travel of Check if Austin,					
								Social Media			٠.		
	Complete ONLY if direct		Candidate/Offic	ceholder name	e	Office sou	ght			Office	held		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	02/20/2024		Facebook										
	Amount (\$)		Payee addres	ss; City;	S	tate; Zip Co	de						
	\$125.00		,			, ,							
			TX										
	PURPOSE	(2)					(h)	Description					
	OF	رم) ا	Category (Se Advertising I		d at the top of th	is schedule)	(D)	Description  Check if travel of	outsi	de of Texas. C	Complete S	Schedule T.	
	EXPENDITURE		Advertising	Lxperise				Check if Austin,					
								Social Media					
	Complete ONLY if direct		Candidate/Offic	eholder nam	e	Office sou	ght			Office	held		
	expenditure to benefit C/O	Η											

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/19 Rpt: 17/27	Lopez, Carlos		00087889
4	Date	5 Payee name		·
	02/21/2024	Facebook		
6	Amount (\$) \$24.58	7 Payee address; City; State; Zip Co	de	
		TX		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Social Media
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	Date	Payee name		
	02/21/2024	Facebook		
	Amount (\$) \$31.53	Payee address; City; State; Zip Co	de	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Social Media
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	Date	Payee name		
	02/22/2024	Facebook		
	Amount (\$) \$36.31	Payee address; City; State; Zip Co	de	
		тх		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Social Media
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Fees Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Food/Beverage Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/19 Rpt: 18/27	Lopez, Carlos	00087889
4	Date	5 Payee name	•
	02/20/2024	Five points	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.98		
		TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Mela
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	·		
	Date	Payee name	
	01/30/2024	Go Daddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.96		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Emails
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	02/05/2024	HEB	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.33	- 1.9, State, 219 0000	
		TX	
H	PURPOSE	· ·	) Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	Check if Austin, TX, officeholder living expense
			Fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	experiulture to beliefft C/OI	1	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Com		egal Services <b>The Instruction</b>	Guide explains		-	/Contract Labor		OTHER (enter a	category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 12/19 Rpt: 19/27		Lopez, Carlo	S						00087889		
4	Date	5	Payee name									
	02/15/2024		Lunkers Grill									
6	Amount (\$) \$90.98	7	Payee address	s; City;	State	e; Zip Co	ode					
		'	TX									
8	PURPOSE	(a)	Category (See	Categories listed a	at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera		·	ŕ		Check if travel o Check if Austin, Meal			plete Schedule T. expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name		Office sou	ight			Office he	eld	
	Date		Payee name									
	02/23/2024		Lunkers Grill									
	Amount (\$)		Payee address	s; City;	State	e; Zip Co	ode					
	\$124.28		TX									
	PURPOSE OF EXPENDITURE		Category <sub>(See</sub> Food/Bevera		at the top of this so	chedule)	(b)	<b>=</b>		de of Texas. Com officeholder living	plete Schedule T. expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name		Office sou	ıght			Office he	eld	
	Date		Payee name									
	02/15/2024		Minit Mart									
	Amount (\$) \$41.92		Payee address	s; City;	State	e; Zip Co	ode					
			TX									
	PURPOSE OF EXPENDITURE		Category <sub>(See</sub>		at the top of this so	chedule)	(b)	Description  Check if travel o  Check if Austin,		de of Texas. Com officeholder living	•	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name		Office sou	ight			Office he	eld	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/19 Rpt: 20/27	Lopez, Carlos 00087889
4	Date	5 Payee name
	02/07/2024	Minits
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.76	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal
		Medi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/13/2024	PC Country Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.95	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Meal
		Medi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name Peter Rabbits
	02/01/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.81	
		Uvalde, TX 78801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		i uci
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/19 Rpt: 21/27	Lopez, Carlos	00087889
4 Date	5 Payee name	1
02/12/2024	Peter Rabbits	
6 Amount (\$)	7 Payee address; City; State; Zip (	Code
\$98.55		
	тх	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		1 461
9 Complete ONLY if direct	Candidate/Officeholder name Office so	L Dught Office held
expenditure to benefit C/O		· ·
Date	Payee name	
02/07/2024	Pilot	
Amount (\$)	Payee address; City; State; Zip (	Code
\$84.42		
	тх	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fuel
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/O		Sugar. Since Held
Date	Payee name	
02/09/2024	Road Ranger	
Amount (\$)	Payee address; City; State; Zip (	Code
\$89.33		
	тх	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Fuel
Complete ONLY if direct	Candidate/Officeholder name Office s	Dught Office held
expenditure to benefit C/Ol		Onice neu
Francisco Marilla F		V - V/44 0 00 1000

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/19 Rpt: 22/27	Lopez, Carlos		00087889
4	Date	5 Payee name		<u> </u>
	02/13/2024	Rositas		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$64.58			
		TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/OI		grit	Office field
	Date	Davis serve		
	01/29/2024	Payee name SE40904		
			مام	
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$59.60			
		TX		
	PURPOSE OF	,	(b)	Description  Check if travel sutside of Tourse Complete Schodule T
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/20/2024	SE40904		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$54.47			
		TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office according	abt	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	yrıl	Office field
_				

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Food/Beverage Expense Polling Expense

Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/19 Rpt: 23/27	Lopez, Carlos	00087889
4	Date	5 Payee name	·
	02/05/2024	Subway	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.16		
		TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Meal
			iviedi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
	D-4-		
	Date	Payee name	
	01/29/2024	TXB 83	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.65		
		TX	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	<del>1</del>	
	Date	Payee name	
	02/09/2024	TexBest	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$77.88	, , , , , , , , , , , , , , , , , , ,	
		тх	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Fuel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/01	•	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/19 Rpt: 24/27	Lopez, Carlos	00087889
4	Date	5 Payee name	•
	02/16/2024	The Flower Patch	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$34.56		
		TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Ad
Ļ	Commiste ONII V if disease	Condidate (Office helder some	t Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office neid
L			
	Date	Payee name	
	02/13/2024	Twitter	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.82		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	) Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Social Media
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/21/2024	Uvalde Printing	
	Amount (\$)	Payee address; City; State; Zip Code	·
	\$36.70	, , , , , , , , , , , , , , , , , , , ,	
		TX	
	PURPOSE		) Description
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	2 1 1 1 3 Pr 1 1	Check if Austin, TX, officeholder living expense
			Ad
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
		•	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/19 Rpt: 25/27	Lopez, Carlos 00087889
4	Date	5 Payee name
	01/26/2024	Valley Mart
6	Amount (\$) \$94.81	7 Payee address; City; State; Zip Code
		TX
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	02/16/2024	Valley Mary
H	Amount (\$)	Payee address; City; State; Zip Code
	\$34.56	
	Ψ04.00	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		i dei
┡	Commiste ONII V if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	02/12/2024	Variety Meats
	Amount (\$)	Payee address; City; State; Zip Code
	\$369.79	
		тх
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Event
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
一		
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide e	explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	ī	Filer ID	(Ethics Commission Filers)	
	Sch: 19/19 Rpt: 26/27		Lopez, Carlos				(	00087889		
4	Date	5	Payee name			<b>I</b>	_			
	02/20/2024		Wal Mart							
6	Amount (\$) \$56.25	7	Payee address; City;	State; Zip Co	ode					
Ļ		<u> </u>					_			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Purchase	of this schedule)	(b)	Description Check if travel outsi Check if Austin, TX, Office Supplies	ζ, ο			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office he	eld	
	Date		Payee name				=			
	02/12/2024		Wing Daddy's							
	Amount (\$) \$117.96		Payee address; City;	State; Zip Co	ode					
			TX							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Food/Beverage Expense	of this schedule)	(b)	Description Check if travel outsi Check if Austin, TX, Meal				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									

1 CIOH NAME Lopez, Carlos 2 Filer ID (Ethics Commission File Lopez, Carlos 3 SIGNATURE  I do not expect any further political contributions or political expenditures in connection with my candidacy. Lunderstand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make a campaign expenditures without a campaign treasurer appointment on file.  Carlos Lopez Signature of Candidate / Officeholder  **Complete A & B below only if you are not an officeholder **  A CAMPAIGN FUNDS Check only one:  I do not have unexpended contributions or unexpended interest or income earned from political contributions. Lunderstand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that it must file as annual report of unexpended contributions and that I may not retain unexpended interest or income earned on political contributions to personal use. I also unexpended interest or income earned on political contributions to personal use. I also unexpended interest or income earned on political contributions to personal use. I also unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.  B ASSETS Check only one:    I do not retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions. I accordance with the requirements of Election Code, 254.204.  Carlos Lopez  Signature of Candidate  5 OFFICEHOLDER  **Complete this section only if you are an officeholder **			FORM C/OH - FR									
Lopez, Carlos  3 SIGNATURE  Id not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a reporse as a final report terminales my campaign reasurer appointment. I also understand that I may not accept any campaign contributions or make a campaign expenditures without a campaign treasurer appointment on file.  Carlos Lopez  Signature of Candidate / Officeholder  4 FILER WHO IS NOT AN OFFICEHOLDER  **Complete A & B below only if you are not an officeholder **  A CAMPAIGN FUNDS  Check only one:  \[ \begin{array}{c} \text{ I do not have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions. I understand that I may not cause unexpended interests or income earned on political contributions in personal less. I taloo understand that I may for earned in an annual report of unexpended contributions or unexpended interests or income earned on political contributions or unexpended interests or income earned on political contributions in accordance with the requirements of Election Code 254.204.  B ASSETS  Check only one:  \[ \begin{array}{c}  I do not retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not expended interests or income earned on political contributions.  \  \text{ I do not retain assets purchased with political contributions or interest or other income from political contributions. I understand that I must dispose of assets purchased with political contributions or interest or other income			Page 27 of 27									
I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make a campaign expenditures without a campaign treasurer appointment on file.    Carlos LopeZ	1	C/OH NAME	2 Filer ID (Ethics Commission Filers)									
Ido not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a repora as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make a campaign expenditures without a campaign treasurer appointment on file.    Carlos Lopez		Lopez, Carlos	00087889									
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Signature of Candidate / Officeholder		I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.										
Signature of Candidate / Officeholder		Car	los Lopez									
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Signature of Candidate  **Complete this section only if you are an officeholder **  I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.												
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Signature of Officeholder		retain political contributions, interest or other income from politicial contributions, or assets purchased with political contributions or										
Signature of Officeholder												
Signature of Officeholder												
		Signature	e of Officeholder									